Organization ID # 0417925 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 10/29/2015 3:24 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the year 2015

Exact organization name and principal office address ACMT, INC. **3711 NOBLE COURT LOUISVILLE KY 40216**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

MATT THOBEN 3711 NOBEL COURT LOUISVILLE, KY 40216



Principal Officer specified, officer address	S - List the name, address and title of all current officers. All ces default to the principal office address. Corporations are required.	organizations must list at least one (1) or red to list a Secretary or other officer se	officer, even in the case of a sole officer. If not erving as records custodian
Sole Officer	MATTHEW THOBEN		
	name and address of all directors (if applicable).No listing of directors to the principal office address.	rectors is verification that the corporation	on has dispensed with directors. If not specified,
	to the principal office dudices.		
		· · · · · · · · · · · · · · · · · · ·	
2015. The undersign	as administratively dissolved on September 12, gned states that the grounds for dissolution eithe ements of KRS 271B.14-210. Enclosed is a che	er did not exist or have been	eliminated, and the entity's name
information pertain	erjury, the below signed hereby authorizes the King to ACMT, INC. to the Secretary of State, as	required for reinstatement pu	rsuant to KRS 271B.14-220.
If not an officer of	said antity, please provide a Declaration of Powe	er of Attorney with the Reinsta	atement Application.
X 6 MA	the Illah Presi	dent	P/27/15

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 29, 2015

ACMT, INC. 3711 NOBLE COURT LOUISVILLE KY 40216

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ACMT**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Michael REVY105, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7316 FAX# 502-564-0058

Kentucky Secretary of State organization number 0417925





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/29/2015
ACMT, INC.
Dear Sir/Madam:
KRS 14A.7-030(1)(f) CERTIFICATE
The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).
Sincerely,
Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272



Kentucky Secretary of State organization number 0417925